

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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# PHA Plans

5-Year Plan for Fiscal Years 2007 - 2011

Annual Plan for Fiscal Year 2007

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHA Name: Revere Housing Authority      PHA Number: MA014**

**PHA Fiscal Year Beginning: 04/2007**

**PHA Programs Administered:**

☒ **Public Housing and Section 8**      ☐ **Section 8 Only**      ☐ **Public Housing Only**  
Number of public housing units: 194      Number of S8 units:      Number of public housing units:  
Number of S8 units: 447

☐ **PHA Consortia:** (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- ☒ Main administrative office of the PHA  
☐ PHA development management offices  
☐ PHA local offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA  
☐ PHA development management offices  
☐ PHA local offices  
☐ Main administrative office of the local government  
☐ Main administrative office of the County government  
☐ Main administrative office of the State government  
☐ Public library  
☐ PHA website  
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2007 - 2011**  
[24 CFR Part 903.5]

**A. Mission**

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- ☒ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- ☐ The PHA's mission is: (state mission here)

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- ☒ PHA Goal: Expand the supply of assisted housing  
Objectives:
- ☒ Apply for additional rental vouchers:
  - ☒ Reduce public housing vacancies:
  - ☒ Leverage private or other public funds to create additional housing opportunities: Tax Credits or Bond Issuance.
  - ☐ Acquire or build units or developments
  - ☐ Other (list below)
- ☒ PHA Goal: Improve the quality of assisted housing  
Objectives:
- ☒ Improve public housing management: (PHAS score)
  - ☒ Improve voucher management: (SEMAP score)
  - ☒ Increase customer satisfaction: Preventive Maintenance
  - ☐ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
  - ☒ Renovate or modernize public housing units:
  - ☐ Demolish or dispose of obsolete public housing:

- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☐ Other: (list below)

☒ PHA Goal: Increase assisted housing choices

Objectives:

- ☒ Provide voucher mobility counseling:
- ☒ Conduct outreach efforts to potential voucher landlords
- ☐ Increase voucher payment standards
- ☒ Implement voucher homeownership program:
- ☒ Implement public housing or other homeownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ Convert public housing to vouchers:
- ☐ Other: (list below)

**HUD Strategic Goal: Improve community quality of life and economic vitality**

☒ PHA Goal: Provide an improved living environment

Objectives:

- ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- ☐ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- ☒ Implement public housing security improvements:
- ☒ Designate developments or buildings for particular resident groups (elderly, persons with disabilities) Harris St., Elderly only
- ☐ Other: (list below)

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

☒ PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- ☒ Increase the number and percentage of employed persons in assisted families: Seek appropriate grants.
- ☒ Provide or attract supportive services to improve assistance recipients' employability: Seek appropriate grants.
- ☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- ☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
  - ☒ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
  - ☒ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
  - ☐ Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**Annual PHA Plan**  
**PHA Fiscal Year 2007**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

☐

**Standard Plan**

☒

**Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

**Executive Summary**  
**REVERE HOUSING AUTHORITY ANNUAL PLAN**

It gives me great pleasure to present the Revere Housing Authority's (RHA) Annual Plan. This past year the RHA focused on operational and staffing issues. Also, an assessment was made of the physical plant and maintenance operations. Gilmore Kean, LLC, completed studies of the agency. Training by Abt Associates and Dower and Associates began. All in all it was a pivotal year for change and for moving RHA forward to the year ahead, as well as the next five years.

The Annual Plan consists of various activities that are geared towards removing RHA off the *troubled* list and strengthening our viability as an affordable housing provider. The Plan includes management improvements, exterior upgrades, interior modernization of bathrooms and kitchens, mold abatement, the purchase of vehicles for maintenance use, and various other site improvements.

Part of the Annual Plan will be to implement new initiatives and seek non-traditional funding. For example, we plan to apply for a HOPE VI grant during the 2007-2008 funding cycle to revitalize our Federal public housing stock. While RHA understands that these grants are highly competitive we would like to test the feasibility of our project.

Other initiatives may include the rehabilitation of our 14-1 development with a 9% tax credit allocation and/or the rehabilitation of a portion of 14-1 and demolition and new construction of project-based units on the remainder of the site.

The majority of RHA's policies have been updated and included in the *Memorandum of Agreement (MOA)* with the Department of Housing and Urban Development (HUD). Other discretionary policies contained in the Annual Plan include:

- Designating our 14-3 site, Petrilli Garden Apartments as an *elderly only* development.
- Implementing performance appraisals.

- Decentralizing maintenance.
- Implementing our new Maintenance Plan.

While this is by no means an all-inclusive list, it gives a feel for the direction that we've tried to set different from past years.

Finally, RHA hopes to put in place a Family Self-Sufficiency (FSS) Program. It is our desire to help residents move from affordable housing to homeownership and other methods of self-sufficiency (banking, working, etc.) I believe that having a FSS program would add value to what we're trying to accomplish and would create in its participants a sense of self-esteem and pride.

I hope that this plan receives a favorable review and that the reader is able to ascertain the progress that is being made throughout the agency. Please feel free to request additional information or clarification as needed.

Respectfully,  
Linda Marie Shaw

### **iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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**Attachments**

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

**Required Attachments:**

- ☒ Admissions Policy for Deconcentration
- ☒ FY 2005 Capital Fund Program Annual Statement
- ☒ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- ☒ List of Resident Advisory Board Members
- ☒ List of Resident Board Member
- ☒ Community Service Description of Implementation
- ☒ Information on Pet Policy
- ☐ Section 8 Homeownership Capacity Statement, if applicable
- ☐ Description of Homeownership Programs, if applicable

**Optional Attachments:**

- ☒ PHA Management Organizational Chart
- ☒ FY 2005 Capital Fund Program 5 Year Action Plan
- ☐ Public Housing Drug Elimination Program (PHDEP) Plan
- ☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- ☐ Other (List below, providing each attachment name)

**Supporting Documents Available for Review**

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair	Annual Plan: Housing Needs

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an	Annual Plan: Capital Needs

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	attachment (provided at PHA option)	
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

# 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

## A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	17023						
Income >30% but <=50% of AMI	10296						
Income >50% but <80% of AMI	10638						
Elderly	12283						
Families with Disabilities	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s  
Indicate year: 2005 - 2009
- ☐ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- ☐ American Housing Survey data  
Indicate year:
- ☐ Other housing market study  
Indicate year:
- ☐ Other sources: (list and indicate year of information)

## B. Housing Needs of Families on the Public Housing and Section 8 Tenant-Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	604		
Extremely low income <=30% AMI	426	71%	
Very low income (>30% but <=50% AMI)	116	20%	
Low income (>50% but <80% AMI)	47	1%	
Families with children	450	75%	
Elderly families	108	18%	
Families with Disabilities	57	10%	
White	429	71%	
Black	143	24%	
Asian	26	5%	
American Indian	6	1%	
Hispanic	160	27%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	154	25.5%	

Housing Needs of Families on the Waiting List			
2 BR	267	44.2%	
3 BR	176	29.2%	
4 BR	7	.2%	
5 BR			
5+ BR			
<p>Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>If yes:</p> <p>How long has it been closed (# of months)? 7</p> <p>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Elderly Families</p>			

Housing Needs of Families on the Waiting List			
<p>Waiting list type: (select one)</p> <p><input checked="" type="checkbox"/> Section 8 tenant-based assistance</p> <p><input type="checkbox"/> Public Housing</p> <p><input type="checkbox"/> Combined Section 8 and Public Housing</p> <p><input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)</p> <p>If used, identify which development/subjurisdiction:</p>			
	# of families	% of total families	Annual Turnover
Waiting list total	44421		
Extremely low income <=30% AMI	40253	91%	
Very low income (>30% but <=50% AMI)	5317	12%	
Low income (>50% but <80% AMI)	558	1%	
Families with children	28013	63%	
Elderly families	2538	6%	
Families with Disabilities	14670	33%	
White	21029	47%	
Black	8410	19%	
Asian	1438	3%	
Pacific Islander	104	0%	

Housing Needs of Families on the Waiting List			
American Indian	805	2%	
Hispanic	13469	30%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
<p>Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes:</p> <p>How long has it been closed (# of months)?</p> <p>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☐ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☒ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration

- ☐ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☒ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- ☒ Apply for additional section 8 units should they become available
- ☐ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☒ Pursue housing resources other than public housing or Section 8 tenant-based assistance. State programs, such as MRVP and AHVP.
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☒ Employ admissions preferences aimed at families with economic hardships
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- ☒ Employ admissions preferences aimed at families who are working
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- ☒ Seek designation of public housing for the elderly



- ☒ Apply for special-purpose vouchers targeted to the elderly, should they become available  
☐ Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- ☐ Seek designation of public housing for families with disabilities  
☒ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing  
☒ Apply for special-purpose vouchers targeted to families with disabilities, should they become available  
☒ Affirmatively market to local non-profit agencies that assist families with disabilities  
☐ Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- ☐ Affirmatively market to races/ethnicities shown to have disproportionate housing needs  
☐ Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units  
☒ Market the section 8 program to owners outside of areas of poverty /minority concentrations  
☐ Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints  
☒ Staffing constraints  
☐ Limited availability of sites for assisted housing  
☐ Extent to which particular housing needs are met by other organizations in the community  
☐ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA  
☐ Influence of the housing market on PHA programs

- ☐ Community priorities regarding housing assistance  
☐ Results of consultation with local or state government  
☐ Results of consultation with residents and the Resident Advisory Board  
☐ Results of consultation with advocacy groups  
☐ Other: (list below)

## **2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2007 grants)</b>		
a) Public Housing Operating Fund	596962	Operations
b) Public Housing Capital Fund	248141	P H Capital Impr
c) HOPE VI Revitalization		
d) HOPE VI Planning		
e) Annual Contributions for Section 8 Tenant-Based Assistance	4982166	Section 8 Operations
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	N/A	
g) Resident Opportunity and Self-Sufficiency Grants	N/A	
h) Community Development Block Grant	N/A	
i) HOME	N/A	
Other Federal Grants (list below)	N/A	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>	462384	P H Capital Impr
MA06P014503, 04, 05, 06,		
<b>3. Public Housing Dwelling Rental Income</b>	768000	RHA Operations

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>4. Other income</b> (list below)		
Section 8 Admin	397348	RHA Operations
<b>Interest from Investments</b>	6000	RHA Operations
<b>4. Non-federal sources</b> (list below)		
<b>Total resources</b>	7461001	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☒ When families are within a certain number of being offered a unit: Top 10 on list.  
☐ When families are within a certain time of being offered a unit: (state time)  
☐ Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- ☒ Criminal or Drug-related activity  
☒ Rental history  
☒ Housekeeping  
☐ Other (describe)

c. ☐ Yes ☒ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

## **(2)Waiting List Organization**

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- ☒ Community-wide list
- ☐ Sub-jurisdictional lists
- ☐ Site-based waiting lists
- ☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

- ☒ PHA main administrative office
- ☐ PHA development site management office
- ☒ Other (list below) Internet

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year? 0

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?

3. ☐ Yes ☐ No: May families be on more than one list simultaneously  
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☐ PHA main administrative office
- ☐ All PHA development management offices
- ☐ Management offices at developments with site-based waiting lists
- ☐ At the development to which they would like to apply
- ☐ Other (list below)

## **(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☒ One
- ☐ Two
- ☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

#### **(4) Admissions Preferences**

a. Income targeting:

☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☒ Emergencies
- ☐ Overhoused
- ☐ Underhoused
- ☒ Medical justification
- ☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
- ☐ Resident choice: (state circumstances below)
- ☐ Other: (list below)

c. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☒ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☒ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☐ Working families and those unable to work because of age or disability
- ☒ Veterans and veterans' families
- ☒ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)

- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☒ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

#### Date and Time

Former Federal preferences:

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 2 Victims of domestic violence
- Substandard housing
- Homelessness
- 2 High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- 3 Veterans and veterans' families
- 3 Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- 2 Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
- ☒ Not applicable: the pool of applicant families ensures that the PHA will meet income-targeting requirements

#### **(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease
- ☒ The PHA's Admissions and (Continued) Occupancy policy
- ☒ PHA briefing seminars or written materials
- ☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☐ At an annual reexamination and lease renewal
- ☒ Any time family composition changes
- ☐ At family request for revision
- ☐ Other (list)

### **(6) Deconcentration and Income Mixing**

a. ☐ Yes ☒ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☐ Yes ☒ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- ☐ Adoption of site-based waiting lists  
If selected, list targeted developments below:
- ☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- ☐ Employing new admission preferences at targeted developments  
If selected, list targeted developments below:
- ☐ Other (list policies and developments targeted below)

d. ☐ Yes ☒ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- ☐ Additional affirmative marketing
- ☐ Actions to improve the marketability of certain developments
- ☐ Adoption or adjustment of ceiling rents for certain developments

- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing  
☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts  
☐ List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts  
☐ List (any applicable) developments below:

## B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

**Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- ☒ Criminal or drug-related activity only to the extent required by law or regulation  
☐ Criminal and drug-related activity, more extensively than required by law or regulation  
☐ More general screening than criminal and drug-related activity (list factors below)  
☐ Other (list below)

b. ☐ Yes ☒ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- ☐ Criminal or drug-related activity  
☒ Other: None



## **(2) Waiting List Organization**

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- ☒ None
- ☐ Federal public housing
- ☐ Federal moderate rehabilitation
- ☐ Federal project-based certificate program
- ☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- ☒ PHA main administrative office
- ☒ Other: MassNahro centralized waiting list.

## **(3) Search Time**

a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below: Additional 60 days for a total of 120 days.

## **(4) Admissions Preferences**

a. Income targeting

☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☒ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☒ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☒ Veterans and veterans' families
- ☒ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☒ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 2 Victims of domestic violence
- Substandard housing
- Homelessness
- 2 High rent burden

Other preferences (select all that apply)

- 4 Working families and those unable to work because of age or disability
- 3 Veterans and veterans' families
- 3 Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- 2 Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☒ Date and time of application
- ☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- ☒ This preference has previously been reviewed and approved by HUD  
☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☐ The PHA applies preferences within income tiers  
☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

### **(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained?

(select all that apply)

- ☒ The Section 8 Administrative Plan  
☒ Briefing sessions and written materials  
☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☒ Through published notices  
☐ Other (list below)

## **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

#### **(1) Income Based Rent Policies**

Describe the PHA’s income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- ☒ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- ☐ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☐ \$1-\$25  
☒ \$26-\$50

2. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below: **Medical Hardships**

c. Rents set at less than 30% than adjusted income

1. ☒ Yes ☐ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below: Flat rent

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☒ For the earned income of a previously unemployed household member  
☐ For increases in earned income  
☐ Fixed amount (other than general rent-setting policy)  
If yes, state amount/s and circumstances below:

- ☐ Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:

- ☐ For household heads  
☐ For other family members  
☐ For transportation expenses  
☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families  
☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- ☐ Yes for all developments
- ☐ Yes but only for some developments
- ☒ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☐ For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☐ Fair market rents (FMR)
- ☐ 95<sup>th</sup> percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (Select all that apply)

- ☐ Never
- ☐ At family option
- ☐ Any time the family experiences an income increase
- ☒ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) 10% or more
- ☐ Other (list below)

- g. ☐ Yes ☐ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

## **(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☐ The section 8 rent reasonableness study of comparable housing  
☒ Survey of rents listed in local newspaper  
☒ Survey of similar unassisted units in the neighborhood  
☐ Other (list/describe below)

## **B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### **(1) Payment Standards**

Describe the voucher payment standards and policies.

- a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR  
☒ 100% of FMR  
☐ Above 100% but at or below 110% of FMR  
☐ Above 110% of FMR (if HUD approved; describe circumstances below)

- b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area  
☐ The PHA has chosen to serve additional families by lowering the payment standard  
☐ Reflects market or submarket  
☐ Other (list below)

- c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area  
☐ Reflects market or submarket  
☐ To increase housing options for families

☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually  
☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard?  
(select all that apply)

- ☒ Success rates of assisted families  
☒ Rent burdens of assisted families  
☐ Other (list below)

## **(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☐ \$1-\$25  
☒ \$26-\$50

b. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)  
Medical Hardship

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- ☒ An organization chart showing the PHA's management structure and organization is attached.  
☐ A brief description of the management structure and organization of the PHA follows:

### **B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	194	20
Section 8 Vouchers	450	25
Section 8 Certificates	N/A	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
Public Housing Drug Elimination Program (PHDEP)	N/A	
Other Federal Programs(list individually)	N/A	

### **C. Management and Maintenance Policies**

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)

The RHA is currently working on a new Admissions and continued occupancy policy and Maintenance procedures manual.

- (2) Section 8 Management: (list below)

The section 8 Housing Choice Voucher program administration policy.

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

### **A. Public Housing**



1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)
- ☒ PHA main administrative office
  - ☐ PHA development management offices
  - ☐ Other (list below)

### **B. Section 8 Tenant-Based Assistance**

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)
- ☒ PHA main administrative office
  - ☐ Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

#### **(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

## **(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. ☒ Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

## **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)  
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development  
☐ Revitalization Plan submitted, pending approval  
☐ Revitalization Plan approved  
☐ Activities pursuant to an approved Revitalization Plan underway

☒ Yes ☐ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?

If yes, list development name/s below:

14-1, 14-2 & 14-3

☐ Yes ☒ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?

If yes, list developments or activities below:

☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?

If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

### 2. Activity Description

☐ Yes ☐ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

7. Timeline for activity:
- Actual or projected start date of activity:
  - Projected end date of activity:

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

- ☐ Yes ☒ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name: William Petrilli Gardens
1b. Development (project) number: 14-3
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (07/01/07)
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 45
7. Coverage of action (select one)

- ☐ Part of the development  
☒ Total development

## **10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

### **A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

#### **2. Activity Description**

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

<b>Conversion of Public Housing Activity Description</b>
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

- ☐ Units addressed in a pending or approved demolition application (date submitted or approved: \_\_\_\_\_)
- ☐ Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: \_\_\_\_\_)
- ☐ Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: \_\_\_\_\_)
- ☐ Requirements no longer applicable: vacancy rates are less than 10 percent
- ☐ Requirements no longer applicable: site now has less than 300 units
- ☐ Other: (describe below)

## B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

## C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

# 11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

## A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

## 2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

## Public Housing Homeownership Activity Description (Complete one for each development affected)

1a. Development name:
1b. Development (project) number:
2. Federal Program authority:
<input type="checkbox"/> HOPE I
<input type="checkbox"/> 5(h)
<input type="checkbox"/> Turnkey III
<input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)
<input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program
<input type="checkbox"/> Submitted, pending approval
<input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected:
6. Coverage of action: (select one)
<input type="checkbox"/> Part of the development
<input type="checkbox"/> Total development

## B. Section 8 Tenant Based Assistance

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

### 2. Program Description:

#### a. Size of Program

- ☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants  
☐ 26 - 50 participants  
☐ 51 to 100 participants  
☐ more than 100 participants

#### b. PHA-established eligibility criteria

- ☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component.  
Section 8-Only PHAs are not required to complete sub-component C.

### **A. PHA Coordination with the Welfare (TANF) Agency**

#### **1. Cooperative agreements:**

- ☐ Yes ☒ No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

#### **2. Other coordination efforts between the PHA and TANF agency (select all that apply)**

- ☒ Client referrals  
☐ Information sharing regarding mutual clients (for rent determinations and otherwise)  
☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families  
☐ Jointly administer programs  
☐ Partner to administer a HUD Welfare-to-Work voucher program  
☐ Joint administration of other demonstration program  
☐ Other (describe)

### **B. Services and programs offered to residents and participants**

#### **(1) General**

##### **a. Self-Sufficiency Policies**

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☒ Public housing rent determination policies  
☐ Public housing admissions policies  
☐ Section 8 admissions policies  
☐ Preference in admission to section 8 for certain public housing families  
☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA  
☐ Preference/eligibility for public housing homeownership option participation  
☐ Preference/eligibility for section 8 homeownership option participation  
☐ Other policies (list below)



b. Economic and Social self-sufficiency programs

- ☐ Yes ☒ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

**(2) Family Self Sufficiency program/s**

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

- b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

### C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- ☒ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- ☒ Informing residents of new policy on admission and reexamination
- ☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
- ☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

### D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

## COMMUNITY SERVICE PROGRAM

The Revere Housing Authority (RHA) will administer the Community Service Program requirements according to the following procedures:

1. The RHA will make a determination of the exempt and nonexempt status of family members at lease-up and annual recertification dates.
2. The RHA will give the family a written description of the Community Service requirement, and of the process for claiming status as an exempt person and for PHA verification of such status. The PHA must also notify the family of its determination identifying the family members who are subject to the Community Service requirement, and the family members who are exempt persons.
3. The RHA will provide the family with a list of sites, including the RHA, where Community Service requirements can be performed.
4. The RHA will establish Memorandums of Understanding with all approved sites, specifying the functions and conditions under which the Community Service requirements can be fulfilled, specifying the record keeping responsibilities of the site, and the manner in which the performance of the Community Service requirement will be reported to the RHA.
5. The RHA will review family compliance with Community Service requirements, and will verify such compliance annually at least thirty days before the end of the twelve-month lease term. If qualifying activities are administered by an organization other than the PHA, the PHA

shall obtain verification of family compliance from such third parties.

6. The RHA will retain reasonable documentation of Community Service performance or exemption in participant's files.
7. The RHA will comply with non-discrimination and equal opportunity requirements as stated in 24 CFR Sec. 5.105(A).
8. If qualifying activities are administered by an organization other than the PHA, a family member who is required to fulfill a Community Service requirement must provide signed certification to the RHA by such other organization that the family member has performed such qualifying activities.
9. If the RHA determines that there is a family member who is required to fulfill a Community Service requirement, but who has violated this family obligation (noncompliant resident), the PHA must notify the tenant of this determination. The RHA will briefly describe the noncompliance and state that the PHA will not renew the lease at the end of the twelve-month lease term unless:
  - a. The tenant, and any other noncompliant resident, enter into a written agreement with the PHA, in the form and manner required by the PHA, to cure such noncompliance, and in met cure such noncompliance in accordance with such agreement; or
  - b. The family provides written assurance satisfactory to the PHA that the tenant or other noncompliant resident no longer resides in the unit.
1. The RHA will inform the individual that the tenant may request a grievance hearing on the PHA determination, in accordance with part 966, subpart B of this chapter, and that the tenant may exercise any available judicial remedy to seek timely redress for the PHA's nonrenewal of the lease because of such determination
2. If the tenant has entered into an agreement with the RHA to comply with the Community Service requirements and the tenant or another family member violates the Community Service Agreement, the RHA will not renew the lease upon expiration of the term unless:

- a. The tenant, and any other noncompliant resident, enter into a written agreement with the PHA, in the form and manner required by the PHA, to cure such noncompliance by completing the additional hours of Community Service or economic self-sufficiency activity needed to make up the total number of hours required over the twelve-month term of the new lease, and
- b. All other members of the family who are subject to the Community Service requirement are currently complying with the Community Service requirement or are no longer residing in the unit.

**Prohibition against replacement of PHA employees:**

1. In implementing the Community Service requirement, the RHA will not substitute Community Service or self-sufficiency activities performed by residents for work ordinarily performed by RHA employees.
2. The RHA will not replace a job at any location where residents perform activities to satisfy the Community Service requirement.

**13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

**A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☐ Residents fearful for their safety and/or the safety of their children
- ☒ Observed lower-level crime, vandalism and/or graffiti
- ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☐ Safety and security survey of residents
- ☒ Analysis of crime statistics over time for crimes committed "in and around" public housing authority

- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☒ Resident reports
- ☒ PHA employee reports
- ☒ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

14-1 and 14-2

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☐ Crime Prevention Through Environmental Design
- ☒ Activities targeted to at-risk youth, adults, or seniors
- ☐ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

14-1 and 14-2

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☒ Police provide crime data to housing authority staff for analysis and action
- ☒ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence) State public housing
- ☒ Police regularly testify in and otherwise support eviction cases
- ☒ Police regularly meet with the PHA management and residents
- ☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☐ Other activities (list below)

2. Which developments are most affected? (list below)

14-1 and 14-2

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☐ Yes ☒ No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?
- ☐ Yes ☒ No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

**14. RESERVED FOR PET POLICY**

**PET GUIDELINES FOR RESPONSIBLE COMPANION  
PET OWNERSHIP FOR 14-1, 14-2, & 14-3 HOUSING PROGRAMS**

**GUIDELINES**

1. Any tenant who wishes to own or keep a companion animal will inform management in writing. If management feels a pet is inappropriate, management will inform resident. Permission for a specific pet will not be unreasonably withheld. A "Pet Lease Rider" must be signed immediately by the resident (Head of Household). All pet owners must be able to control their pets via leash, pet carrier, crate or cage.
2. A companion animal is defined as a common household pet which includes and is not limited to a dog, cat, bird, or fish. Reptiles, rodents, and birds of prey are not household pets.
3. Residents may have one (1) dog or one (1) cat per unit, or two (2) caged birds and will be limited to a 20-gallon aquarium for fish only. If a resident desires to have more than one pet or a larger aquarium, the resident must get the EXPRESSED WRITTEN PERMISSION from the management office.
4. The mature size of newly acquired dogs is limited to a weight not to exceed sixty (60) pounds.
5. Dogs of vicious or aggressive disposition will not be permitted. Due to age and behavioral activities of puppies and kittens, applications for ownership of such young animals shall be more closely reviewed prior to approval.
6. All female dogs over the age of six (6) months and female cats over the age of five (5) months must be spayed. All male dogs over the age of eight (8) months and male cats over the age of ten (10) months must be neutered. If health problems prevent such spaying, a veterinarian's certificate will be necessary to allow the pet to become a resident of the development and the exception will be at the Executive Director's discretion.
7. Management reserves the right to require dog owners to relocate to a comparable unit on the ground floor of their building based upon written complaints concerning:

- (A) The behavior of the dog in the elevator or hallways, or
  - (B) The documented medical condition of residents affected by the presence of the dog.
8. Residents are expressly prohibited from feeding or harboring stray animals.

## TENANT OBLIGATIONS

1. The pet owner will be responsible for proper pet care: good nutrition, grooming, exercise, flea control, routine veterinary care and yearly inoculations. Dogs and cats MUST wear identification tags and a collar when outside the unit.
2. The pet owner is responsible for cleaning up after pet(s) inside the unit and anywhere on the development property. A “pooper scooper” and disposable plastic bags should be carried by the owner. All waste will be bagged and disposed of in a receptacle determined by management. Toilets are not designed to handle pet litter. Under no circumstances should any pet debris be deposited in a toilet as blockages will occur. Tenants will be responsible for the cost of repairs or replacement of any damaged toilets or pipes.
3. The pet owner will keep the unit and its patio, if any, clean and free of pet odors, insect infestation, waste, and litter and maintain the unit in a sanitary condition at all times.
4. The pet owner will restrain and prevent pet from gnawing, chewing, scratching or otherwise defacing: doors, walls, windows, and floor coverings of the unit, other units, common areas, shrubbery, and landscaping of the facility.
5. Pets are not to be tied outside or left unattended anywhere on RHA property.
6. Residents will not alter their unit, patio, or other outside area to create an enclosure for an animal.
7. Pets will be restrained at all times when outside the unit or on RHA property.
8. Visitors with pets will be allowed, the resident MUST inform management, in writing, the pet information and the duration of the stay. Visitors must conform to the guidelines prescribed here.
9. Pets will not be allowed to disturb the health, safety, rights, comfort, or quiet enjoyment of other tenants. A pet will not create a nuisance to neighbors with excessive barking, whining, chirping or other unruly behavior. If this behavior happens on a continuing basis the resident will be asked to remove the pet from RHA property.
10. Pet owners will agree to quarterly apartment inspections to be sure that pets and units are being cared for properly. These inspections may be reduced or increased in intervals at management discretion.
11. The tenant is responsible for providing management with the following information and documents which are to be kept on file in the tenant’s folder:
  - a. A color photo and identifying description of the pet.
  - b. Attending veterinarian’s name, address and phone number.
  - c. Veterinary certificates of spaying or neutering, rabies, distemper combination, parvovirus, feline VRC, feline leukemia testing and other inoculations when applicable.
  - d. Dog licensing certificates in accordance with local and state law.
  - e. Two (2) alternative caretakers who will assume immediate responsibility for the care of the pet should the owner become incapacitated: their names, addresses and telephone numbers; These caretakers must sign the Pet Lease Rider acknowledging their responsibilities as specified.

- f. Emergency boarding accommodations.
  - g. Temporary ownership (overnight or short term) shall be registered with management under the pet rules and regulations.
12. The pet owner will be responsible to comply with all applicable State and Local requirements.

**The tenant is responsible for keeping management informed of any change of information.**

## MANAGEMENT RESPONSIBILITIES

1. Establishment of a Pet Committee consisting of animal owners, non-animal owners, local humane groups, and veterinarians, etc.
2. Specific instructions for disposal of pet waste and kitty litter must be posted in each building.
3. Facility's rules and regulations of companion animal ownership must be posted and enforced in a fair and just manner.
4. Proper record keeping of owner's and pet's information, pet participation fee, deposits, apartment inspections, investigation of complaints, issuing of warnings, billing for damages, scheduling for repairs, etc.
5. Declawing of cats and the removal of a dog's vocal chords **CANNOT** be required by management.
6. All written complaints shall be referred to the Pet Committee for resolution. No credence shall be given by the Pet Committee to verbal or unsigned complaints. Management will also inform the resident of any other rule infractions and will duly notify the Pet Committee for attempted resolution.
7. Upon second notice of a written legitimate complaint from the Pet Committee to the tenant, the resident shall be advised that a further notice shall be cause for termination of the Pet Rider provisions, except that in the case of a serious problem, for example, a vicious dog, this procedure may be shortened in the interest of public safety.

## PET PARTICIPATION FEE

1. A non-refundable pet fee of \$50.00 shall be charged for each dog or cat in a unit. This amount may be payable in two (2) monthly installments.
2. A fee, in graduating amounts, not to exceed \$25.00, shall be collected from pet owners failing to clean up after their animals. The fee schedule is as follows:

1 <sup>st</sup> Offense	Warning
2 <sup>nd</sup> Offense	\$5.00
3 <sup>rd</sup> Offense	\$10.00
4 <sup>th</sup> Offense	\$15.00
5 <sup>th</sup> Offense	\$20.00
6 <sup>th</sup> and Subsequent Offense	\$25.00

3. The above collected funds will be placed in a separate account that will be maintained by RHA. This fund will be used to cover the cost incurred by the Housing Authority in the event that a pet-related emergency occurs. Such emergencies include, but are not limited to, death of a resident, long-term hospitalization of a resident. Also, RHA may purchase supplies when deemed necessary by RHA and the Federal Pet Committee. No funds will be disbursed without the consent of the Pet Committee.



## **LIABILITY OF PET OWNER FOR DAMAGE OR INJURY**

1. Repairing or replacing damaged areas of the exterior, interior, doors, walls, floor coverings, and fixtures in the unit, common areas or other areas damaged by tenant's pets.
2. Cleaning, deodorizing, and sanitizing carpeting and other floor coverings in the unit as necessitated by presence of pet.
3. Charges for damage will include materials and labor. Payment plans will be negotiated between management and the pet owner. Disputes concerning amount of damages are subject to the grievance procedures provided for in HUD regulations.

## **PET COMMITTEE**

1. Each housing development shall establish a Pet Committee that is responsible for resolving complaints which may arise at each development. The Committee should consist of pet owning tenants, non-pet owning tenants, local interested humane groups, veterinarians, and community volunteers. A community volunteer shall not be affiliated with the local housing authority other than a member of the Pet Committee. Nor shall a community volunteer be a member of the immediate family of a person who is affiliated with the local housing authority. The number of individuals should be uneven, three (3) or five (5), to allow for a majority rule in the event of a vote decision.
2. The purpose of the Committee is to alleviate the housing manager's involvement with tenant's questions and complaints concerning companion animals. The Committee should also monitor how the ownership of pets affects the quality of life for both pet-owning tenants and non-pet owning tenants and report any recommendations to management.
3. The Committee could assist tenants with the following:
  - a. veterinary care—discounts for seniors and pets, low-cost spaying and neutering;
  - b. pet behavior consultants for obedience problems;
  - c. local humane societies that would assist with any problems arising in the facility;
  - d. information on proper pet care and responsible pet ownership;
  - e. will notify management of any unresolved complaints.

## **RESOLUTION OF COMPLAINTS**

1. The Pet Committee will be responsible for resolving complaints which may arise at each development. The Committee will be the first line of complaint receipt as well as complaint resolution. Written complaints will be made to the Pet Committee which will approach the pet owner about such complaints and attempt to reach a resolution with the pet owner.

The Pet Committee shall work in locating and using resources to help tenants and management in the solution of pet problems.

## **PET GRIEVANCE PANEL**

Should the Pet Committee be unable to resolve a complaint, the complainant will request a hearing within ten (10) days of the Pet Grievance Panel.

1. The Pet Grievance Panel, which will consist of a representative of management, a representative of the Pet Committee other than the pet owner in questions, drawn by lot, and a representative of the Massachusetts Society for the Prevention of Cruelty to Animals may require that a pet be permanently removed if the

violation of the Pet Policy is a serious violation, one which causes harm to tenants, significant damage to property, or creates a health or safety hazard.

2. The representative of management will arrange meetings of the Pet Grievance Panel for hearings to appeal the decision of the Pet Committee. The Pet Grievance Panel will hear appeals of decisions regarding pets only if the person requesting the hearing agrees to the following conditions:
  - a. The jurisdiction of the Grievance Panel as stated in the Pet Lease Rider.
  - b. The Pet Grievance Panel can require permanent removal of a pet, after notice and hearing, and can further determine if the tenant may replace the pet with another pet.
  - c. Non-compliance with the decision of the Pet Grievance Panel is sufficient cause for termination of the tenant's dwelling lease with the housing authority.

## **PROTECTION OF PET**

1. Identification cards, carried in purse or wallet, naming veterinarian and caretaker should be with the pet owner at all times. In the event of a sudden illness or accident, attending authorities would notify management to assist the pet and avoid delay in proper care of the animal.
2. No pet is to remain unattended, without proper care, for more than 24 hours, except in the case of a dog which shall be no more than twelve (12) hours.
3. If the health or safety of a companion animal is threatened by incapacity or death of the owner, the Pet Committee and/or management will contact the caretakers designated by tenant.

## **REMOVAL OF PET**

1. If caretakers are unable or unwilling to assume responsibility for the pet and tenant is unable to locate alternate, management may enter the premises, remove the pet, and arrange for pet care for no less than ten (10) days to protect the pet. Funds for such care will come from the tenant's pet fee. The management may contact the Massachusetts Society for the Prevention of Cruelty to Animals or other suitable humane society for assistance in providing alternate arrangements for the care of the pet if the caretaker cannot be located.
2. Termination of Lease proceedings may be instituted if the pet owner is in violation of these guidelines which the pet owner has agreed to abide by in signing the Pet Lease Rider attached to the Lease. Termination of the lease proceedings may also be instituted if the pet owner has been warned three (3) times by the Pet Committee.

## PET LEASE RIDER

This pet rider to the lease between \_\_\_\_\_ (Resident) and **Revere Housing Authority** (Management), is made a part of the Lease entered between parties on \_\_\_\_\_ (Date).

Under Massachusetts law, the owner or “keeper” of a dog is responsible for any injury or damage caused by the dog. The only exception to this responsibility is when the owner or keeper can prove that a person who was injured had been tormenting or teasing the dog.

It does not matter whether the dog had ever bitten anyone before. Nor would it matter that the owner believed the dog to be friendly, and the dog does not necessarily have to “bite” someone for the owner to be responsible.

Your responsibility as a dog owner, therefore, extends to many people who might come in contact with the dog.

A dog owner can be insured for the dog’s conduct under a standard “tenant’s insurance policy.” Such a policy generally costs approximately one hundred dollars (\$100.00) and protects the dog owner against a number of other liabilities in addition to dog bites.

The Revere Housing Authority will not be responsible for any injury or damage caused by your dog. **It is suggested that you carry an insurance policy for your own protection.**

1. Both parties have read, agreed to, and signed the attached pet guidelines in effect for the complex.
2. The resident will keep his/her pet in a reasonable manner and provide proper care for it as provided in said pet guidelines.
3. In accordance with the Pet Guidelines, the resident will provide the name, address and telephone number, the space provided below, or two (2) pet caretakers who, by signing this form, will assume responsibility for the pet should the resident become unable to care for the pet, including any damages or medical expenses. Resident will also provide the name, address and telephone number of the veterinarian responsible for the pet’s health care.

PET CARETAKER #1

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PET CARETAKER #2

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

VETERINARIAN

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

4. If resident is unable to provide the name of a pet caretaker, he/she will provide details of other arrangements which have been made for the proper care of the pet.
5. The pet owner agrees to abide by each rule enumerated in the Pet Guidelines as outlined above, attached hereto, and incorporated by reference, and further agrees to abide by any decision of the Pet Grievance Panel should a complaint arise.
6. Non-compliance with the decision of the Pet Grievance Panel shall be sufficient cause for termination of the residential lease to which this rider is attached.
7. It is the pet owner's responsibility to update the information listed in item 3.

**INDEMNIFICATION OF AUTHORITY:**

The owner or keeper of the dog shall defend, indemnify and hold harmless the Authority, their officers, agent, employees and assigns against any and all actions, liability, loss, damages, costs, expenses, including attorney's fees, for personal injury or damage to real or tangible personal property which the Authority may sustain, incur or be required to pay, arising out of or by reason of any conduct, action or incident, arising out of the care, keeping, or ownership of the dog.

The owner or keeper of the dog assumes its obligations to defend, indemnify and hold harmless the Authority of any claim.

\_\_\_\_\_  
(Tenant)

\_\_\_\_\_  
(Date)

REVERE HOUSING AUTHORITY

\_\_\_\_\_  
(Date)

**REVERE HOUSING AUTHORITY**  
**70 COOLEGE STREET**  
**REVERE, MA 02151**

**PET REGISTRATION FORM**  
**14-1 & 14-2 FEDERAL FAMILY**

**Name of Owner:** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

\_\_\_\_\_

**Breed of Pet:** \_\_\_\_\_ **Cat** \_\_\_\_\_ **Dog** \_\_\_\_\_

\_\_\_\_\_

**Name of Pet:** \_\_\_\_\_

**Age of Pet:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Color** \_\_\_\_\_

**Spayed/Neutered:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

\_\_\_\_\_

**Current Vaccinations:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Vet. Certification/Rabies Vaccination:** **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Pet Licensed:** **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**License Provided:** **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Tenant's Insurance Policy Insurance Rider Provided:** **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Pet Fee \$50.00 per pet: Amount Paid: \$** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

\_\_\_\_\_

**Pet Fee payable over a period of two months.**

**Date Received:** \_\_\_\_\_

**By:** \_\_\_\_\_

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☒ Yes ☐ No: Were there any findings as the result of that audit?
4. ☐ Yes ☒ No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☒ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - ☐ Not applicable
  - ☐ Private management
  - ☐ Development-based accounting
  - ☒ Comprehensive stock assessment
  - ☐ Other: (list below)
3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)  
☐ Attached at Attachment (File name)  
☒ Provided below:



## Revere Federal Housing Authority Resident Advisory Board



### MEMO

To: Charles Lambesis, Federal Housing Manager

From: Henry Mancini, President, Resident Advisory Board

CC: Linda Shaw, RHA Director  
Dwight Hebert, HUD

Re: 2007 Budget

Date: December 13, 2006

Although we are in agreement with the 2007 budget, we are very disappointed with the loss of funding for our Tenant Council Building.

We are also disappointed with the leasing of the Tenants' Community Building to CAPIC. Aside from losing the use of the space, there is no discernible financial benefit to the tenants.

We are, however, quite pleased with the planned renovations pending for the RHA Federal Housing buildings.

Respectfully,

Henry Mancini, President  
Resident Advisory Board

3. In what manner did the PHA address those comments? (select all that apply)
- ☒ Considered comments, but determined that no changes to the PHA Plan were necessary.
- ☐ The PHA changed portions of the PHA Plan in response to comments  
List changes below:

☐ Other: (list below)

**B. Description of Election process for Residents on the PHA Board**

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.) Appointed by Mayor, City of Revere

**3. Description of Resident Election Process**

**a. Nomination of candidates for place on the ballot: (select all that apply)**

- ☐ Candidates were nominated by resident and assisted family organizations
- ☐ Candidates could be nominated by any adult recipient of PHA assistance
- ☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
- ☐ Other: (describe)

**b. Eligible candidates: (select one)**

- ☐ Any recipient of PHA assistance
- ☐ Any head of household receiving PHA assistance
- ☐ Any adult recipient of PHA assistance
- ☐ Any adult member of a resident or assisted family organization
- ☐ Other (list)

**c. Eligible voters: (select all that apply)**

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- ☐ Other (list)

Resident Advisory Board/Resident Membership on Governing Board  
Annual/5 Year Plan  
2007

**The following are the members of the RAB:**

Henry Mancini, President  
Revere Federal Residents Council  
69 Hutchinson St.

Mary Perretti, Resident  
70 Rose St.

Linda Perretti, Treasurer  
Revere Federal Residents Council  
70 Rose St.

William DeMarco, Resident  
27 Hutchinson St.

Florence Colangelo,  
Section 8 Housing Choice Voucher Program  
82 Winthrop Ave., #3

**Resident Membership on Governing Board:**

Fred Engber  
2 Harris St., #16

**C. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: North Suburban Consortium
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

☐ Other: (list below)

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The Revere Housing Authority (RHA) considers all of its programs and services to be consistent with the Consolidated Plan of the North Suburban Consortium.(NSC) The NSC is comprised of seven contiguous communities located north of the City of Boston, Arlington, Chelsea, Everett, Malden, Medford, Melrose and Revere.

In its state and federal housing programs, the RHA serves 900 units of public housing, providing the following types of affordable housing: 355 units of state funded family housing, 351 units of state funded elderly housing, 149 units of federally funded family housing, and 45 units of federally funded elderly units. RHA also administers approximately 600 units of the federally funded housing choice voucher program, along with 78 units of state funded Massachusetts rental voucher program, The RHA works with local, state and federal agencies on issues and programs affecting the low-income population it serves and will continue to do so in the future.

The RHA in conjunction with the Revere Mayor's office is striving to meet the goals of the consolidated plan to serve as many low to moderate income families as possible.

#### **D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

## **Attachments**

Use this section to provide any additional attachments referenced in the Plans.

The following files are attached to this Plan:

- Organizational Chart of the RHA
- The most recent Board Approved Budget
- Statement of Progress in meeting 5-Year Plan Mission and Goals.
- Criteria for Substantial Deviations and Significant Amendments

## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Revere Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MA06P01450102 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2002</b>
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 09/30/2006</b> <input checked="" type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	26374	68050	41742	41742
3	1408 Management Improvements	20000	52748	52748	52748
4	1410 Administration	26374	26374	26374	26374
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10000	10000	10000	10000
8	1440 Site Acquisition				
9	1450 Site Improvement	0	0		
10	1460 Dwelling Structures	180997	106573	132881	132881
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	263745	263745	263745	263745
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				

## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Revere Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P01450102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2006 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Revere Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P01450102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantit y	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA - Wide	Operations	1406		26374	68050	41742	41742	Done
HA - Wide	Management Improvements	1408		20000	52748	52748	52748	Done
HA - Wide	Administration	1410		26374	26374	26374	26374	Done
HA - Wide	Architectural Fees	1430		10000	10000	10000	10000	Done
14-3	Fencing, Concrete Walks	1450		0	0			
14-1, 14-2	Exterior Painting, Electric	1460		180997	106573	132881	132881	Done
14-1, 14-2	Exterior Painting	1460		0	0			

[illegible]



## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

## Part III: Implementation Schedule

[illegible]

## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Revere Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MA06P01450103 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2003</b>
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input checked="" type="checkbox"/> <b>Revised Annual Statement (revision no:3 )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:09/30/06</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	20000	119166	119166	100297
3	1408 Management Improvements	40000	39631	39631	39631
4	1410 Administration	20000	20000	20000	20000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20000	10067	10067	10067
8	1440 Site Acquisition				
9	1450 Site Improvement	42371	7900	7900	7900
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	42393	0		
13	1475 Nondwelling Equipment	20000	8000	8000	8000
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	204764	204764	204764	185895
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

[illegible]

## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Revere Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MA06P0140203 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2003</b>
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input checked="" type="checkbox"/> <b>Revised Annual Statement (revision no:3 )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:09/30/06</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	4324	39714	39714	839
3	1408 Management Improvements	8648	3534	3534	3534
4	1410 Administration	4324	0	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	25952	0		
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	43248	43248	43248	4373
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

[illegible]

## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Revere Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MA06P01450104 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2004</b>
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input checked="" type="checkbox"/> <b>Revised Annual Statement (revision no: 3 )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 09/30/06</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
1	Total non-CFP Funds				
2	1406 Operations	28072	9357	9357	9357
3	1408 Management Improvements	56144	9473	9473	9473
4	1410 Administration	28072	9357	9357	2339
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	51000	43227	43227	6923
8	1440 Site Acquisition				
9	1450 Site Improvement	15000	0	0	0
10	1460 Dwelling Structures	68440	8521	3700	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	4000	13641	13641	0
13	1475 Nondwelling Equipment	30000		0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	280728	93576	88755	28092
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

[illegible]

**12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Revere Housing Authority			<b>Grant Type and Number</b> Capital Fund Program No: MA06P01450104 Replacement Housing Factor No:				Federal FY of Grant: 2004
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA – Wide (Oper)	9/06		9/06	9/08		9/06	
HA – Wide (Mgt Imp)	9/06		9/06	9/08		9/06	
HA – Wide (Admin)	9/06		9/06	9/08			
14-1, 14-2, & 14-3 (Fees)	9/06		9/06	9/08			
14-1, 14-2, & 14-3 (Site Imp)	9/06		9/06	9/08			
14-3(comm.. Rm Renov.)	9/06		9/06	9/08			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>
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## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

<b>PHA Name:</b> Revere Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MA06P01450105 Replacement Housing Factor Grant No:		<b>Federal FY of Grant: 2005</b>	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input checked="" type="checkbox"/> <b>Revised Annual Statement (revision no: 2)</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 09/30/2006</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	26464	26464	26464	26464
3	1408 Management Improvements	25000	25000	2112	2112
4	1410 Administration	26464	26464	26464	6616
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	60000	40000		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	126714	146714		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	264642	264642	55040	35192
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

[illegible]

## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Revere Housing Authority			Grant Type and Number Capital Fund Program Grant No: MA06P01450105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantit y	Total Estimated Cost		Total Actual Cost	Status of Work
					Original	Revised	Funds Obligated	Funds Expended
Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule								
PHA Name: Revere Housing Authority			Grant Type and Number Capital Fund Program No: MA06P01450105 Replacement Housing Factor No:			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
HA – Wide (Oper)	9/07		6/06	9/09		6/06		
HA – Wide (Mgt Imp)	9/07			9/09				
HA – Wide (Admin)	9/07		6/06	9/09				
HA – Wide A/E	9/07			9/09				
14-1 Windows/Siding	9/07			9/09				
14-3 Exterior Doors	9/07			9/09				

## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Revere Housing Authority			Grant Type and Number Capital Fund Program Grant No: MA06P01450105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantit y	Total Estimated Cost		Total Actual Cost	Status of Work
					Original	Revised	Funds Obligated	Funds Expended

## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Revere Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MA06P01450106 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2006</b>
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 9/30/06</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	0	0		
3	1408 Management Improvements	20000	20000		
4	1410 Administration	26464	24814		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	32263	32263		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	185915	167737		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve		3327		
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	264642	248141		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

[illegible]



### 13. Capital Fund Program Five-Year Action Plan

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name:			Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:				Federal FY of Grant:
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	09/08			09/10			
HA Wide	09/08			09/10			
HA Wide	09/08			09/10			
HA Wide	09/08			09/10			
14-1	09/08			09/10			
14-1	09/08			09/10			
14-2	09/08			09/10			

## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Revere Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P01450107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	0			
3	1408 Management Improvements	20000			
4	1410 Administration	24814			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	32263			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	167737			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	3327			
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	248141			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

## **12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report**

[illegible]

### 13. Capital Fund Program Five-Year Action Plan

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name:		<b>Grant Type and Number</b> Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant:
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	09/09			09/11			
HA Wide	09/09			09/11			
HA Wide	09/09			09/11			
HA Wide	09/09			09/11			
14-1	09/09			09/11			
14-1	09/09			09/11			

### 13. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name Revere Housing Authority				<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 0106, 0107 PHA FY: 2008	Work Statement for Year 3 FFY Grant: 0107, 0108 PHA FY: 2009	Work Statement for Year 4 FFY Grant: 0109 PHA FY: 2010	Work Statement for Year 5 FFY Grant: 0110 PHA FY: 2011
14-1		Bathroom Renovations Phase 2	Bathroom Renovations Phase 3	Bathroom Renovations Phase 4	Siding Replacement
14-1, 14-2, 14-3		Building Envelope/Weatherization	Building Envelope/Weatherization		
14-1				Security Lighting Phase 1	Security Lighting Phase 2
14-3					Exterior Door Replacement
14-2					Gas Conversion per energy audit
CFP Funds Listed for 5-year planning		171064	171064	171064	171064
Replacement Housing Factor Funds					

### **13. Capital Fund Program Five-Year Action Plan**

### 13. Capital Fund Program Five-Year Action Plan

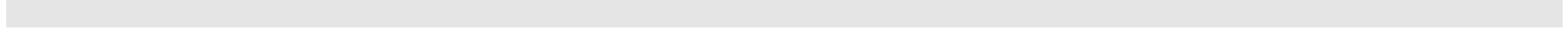
Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 0106, 0107 PHA FY: 2008			Activities for Year: <u>3</u> FFY Grant: 0107, 0108 PHA FY: 2009		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	14-1	Bathrooms phase 2	152737	14-1	Bathrooms phase 3	152737
	14-1	Building Envelope/WeatherizationPhase 1	18327	14-1	Building Envelope/Weatherization Phase2	18327
Statement						
Total CFP Estimated Cost			171064			171064

### **13. Capital Fund Program Five-Year Action Plan**

<b>Capital Fund Program Five-Year Action Plan</b>					
<b>Part II: Supporting Pages—Work Activities</b>					
Activities for Year : __4__ FFY Grant: 0109 PHA FY: 2010			Activities for Year: 5_ FFY Grant: 0110 PHA FY: 2011		
<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
14-1	Bathrooms phase 4	152737	14-1	Security Lighting Phase 2	1673
14-1	Security Lighting Phase 1	18327	14-1	Siding Replacement	50000
			14-3	Exterior Door Replacement	50000
			14-2	Gas Conversation Phase 1 part of the findings on the energy audit	69391
Total CFP Estimated Cost		171064			171064



### **13. Capital Fund Program Five-Year Action Plan**



REVERE HOUSING AUTHORITY  
Budget Summary Worksheet  
FYE 3/31/07

Programs

Description	A/C	FED 14	Sect 8	4001	667-6	MRVP	GRANTS	Totals
<b>Sources of Funding</b>								
Rental Income	3110	768,000		2,400,000	348,000			3,516,000
Section 8 Rent	3115				1,021,944			1,021,944
Excess Utilities	3120	3,996						3,996
Nondwelling Income	3190							0
Interest on Invest.	3610	3,000	14,000	540	9,900	3,000		30,440
Other Income	3690	11,000	118,000	23,600	5,000		42,034	199,634
Admin Fee Earned			389,139			28,500		417,639
Subsidy Calculation		569,962		437,771				1,007,733
Subsidy Adjustments				0				0
<b>Total Funds Available</b>		<b>1,355,958</b>	<b>521,139</b>	<b>2,861,911</b>	<b>1,384,844</b>	<b>31,500</b>	<b>42,034</b>	<b>6,197,386</b>
<b>Expenses</b>								
ADMINISTRATIVE SALARIES	4110	170,654	208,177	270,451	148,353	11,762	22,091	831,488
LEGAL EXPENSE	4130	15,000	2,500	30,000	3,000	500		51,000
MEMBERS COMP	4140			25,000				25,000
TRAVEL	4150	714	1,191	2,201	390	54		4,550
ACCOUNTING FEES	4170	8,000	14,300	11,612	5,176	1,680		40,768
ADMINISTRATIVE OTHER	4190	27,758	61,163	107,356	17,054	3,875		217,206
<b>Total Admin Exp.</b>	<b>4100's</b>	<b>222,126</b>	<b>287,331</b>	<b>446,620</b>	<b>173,973</b>	<b>17,871</b>	<b>22,091</b>	<b>1,170,012</b>
<b>RESIDENT SERVICES</b>	<b>4200's</b>	<b>2,000</b>		<b>2,000</b>	<b>350</b>			<b>4,350</b>
MAINTENANCE LABOR	4410	155,422	0	315,268	280,271	0		750,961
MAINTENANCE MATERIALS	4420	33,000	0	110,000	25,000	0		168,000
MAINTENANCE CONTRACTUAL	4430	30,000	13,000	130,000	25,000	0		198,000
<b>Total Maintenance</b>	<b>4400's</b>	<b>218,422</b>	<b>13,000</b>	<b>555,268</b>	<b>330,271</b>	<b>0</b>	<b>0</b>	<b>1,116,961</b>
INSURANCE	4510	101,874	26,008	114,583	37,389	1,031	1,207	282,092
PILOT	4520	30,000		45,000	0			75,000
EMPLOYEE BENEFITS	4540	244,380	155,730	439,220	319,993	9,007	18,328	1,186,658
COLLECTION LOSS	4590	3,000		15,000	5,000			23,000
<b>Total General</b>	<b>4500's</b>	<b>379,254</b>	<b>181,738</b>	<b>613,803</b>	<b>362,382</b>	<b>10,038</b>	<b>19,535</b>	<b>1,566,750</b>
INTEREST EXPENSE	4580			0	183,996			183,996
OTHER GENERAL XP	4590		35,000	0				35,000
<b>Total Other Expense</b>		<b>0</b>	<b>35,000</b>	<b>0</b>	<b>183,996</b>	<b>0</b>	<b>0</b>	<b>218,996</b>
<b>Total Non-utility Exp.</b>		<b>821,802</b>	<b>517,069</b>	<b>1,617,691</b>	<b>1,050,972</b>	<b>27,909</b>	<b>41,626</b>	<b>4,077,069</b>
<b>Utilities</b>								
WATER	4310	176,892		432,480	63,049			672,421
ELECTRICITY	4320	139,356		513,939	154,804			808,099
GAS	4330	136,176		88,872	6,500			231,548
FUEL	4340	1,680		10,530	0			12,210
UTIL LABOR	4350	0		0	0			0
OTHER	4390	18,000		0	0			18,000
<b>Total Utilities</b>		<b>472,104</b>	<b>0</b>	<b>1,045,821</b>	<b>224,353</b>	<b>0</b>	<b>0</b>	<b>1,742,278</b>
<b>Total Routine Expenses</b>		<b>1,293,906</b>	<b>517,069</b>	<b>2,663,512</b>	<b>1,275,325</b>	<b>27,909</b>		<b>5,819,347</b>
<b>Net Surplus (Deficit)</b>								
<b>before Non-Routine Expenses</b>		<b>62,052</b>	<b>4,070</b>	<b>198,399</b>	<b>109,519</b>	<b>3,591</b>	<b>42,034</b>	<b>378,039</b>
EXTRAORDINARY MAINTENANCE	6510	1,000		46,900	8,000			55,900
REPLACEMENT OF EQUIPMENT	7520	2,500	0	8,395	1,915			12,810
BETTERMENTS AND ADDITIONS	7540							0
<b>Total Non-routine Expenses</b>		<b>3,500</b>	<b>0</b>	<b>55,295</b>	<b>9,915</b>	<b>0</b>		<b>68,710</b>
<b>Net Surplus (Deficit)</b>								
<b>After Non-Routine Expenses</b>		<b>58,552</b>	<b>4,070</b>	<b>143,104</b>	<b>99,604</b>	<b>3,591</b>		<b>309,329</b>

	FED 14	Sect 8	4001	667-6	MRVP		
No. of units	194	465	598	106	95	1,458	
Max Reserve (1/2 OF TOE PLUS NONROUTINE XP)	646,953	0	1,359,404	642,620	0	2,648,977	
Min Reserve (40% OF MAX)	258,781	0	543,762	257,048	0	1,059,591	
Current Reserve	136,467	1,856	69,795	393,152	5,059	606,329	
Plus Provision	0	0	0	0	0	0	
Plus (Less) Net Inc.	58,552	4,070	143,104	99,604	3,591	308,921	
Projected Reserve	195,019	5,926	212,899	492,756	8,650	0	915,250
Percent of Max	30.1%	0.0%	15.7%	76.7%	0.0%		
Amount above (below) Minimum	(63,762)	5,926	(330,863)	235,708	8,650	(144,341)	
Program's Percent of Total Reserves	21.3%	0.6%	23.3%	53.8%	0.9%	100.00%	

## **Criteria for Substantial Deviations and Significant Amendments**

### **(1) Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

The Revere Housing Authority (RHA) considers one or more of the following to be a significant Amendment or Substantial Deviation/Modification to an already submitted Agency Plan:

1. Discretionary changes in rent determination or waiting list preferences.
2. A decision to undertake an Elderly/Disabled Designated Housing Plan.
3. A change in any open Annual Capital Fund Program that modifies or changes the work items by greater than 20% of the total grant amount.
4. Establishment of new and/or substantively revised policies and procedures that have not previously been submitted as part of the current or previous years Agency Plans.
5. Any major reduction in funding (>20%) from HUD for the CFP.
6. Any other substantive activities undertaken that have a major affect on resident households.

In the case where there is a Significant Amendment or Substantial Deviation/Modification to an already submitted Agency Plan, The RHA will:

- a. Consult with the Resident Advisory Board.
  - b. Review consistency of the change with the Revere Consolidated Plan.
  - c. Allow a 45-day public review period of the amendments, modifications, and deviations.
  - d. Hold a public hearing at the end of the 45-day public review period.
  - e. After the public hearing , conduct an open meeting for Board approval of the amendments, modifications, and deviations.
  - f. Resubmit the Agency Plan to HUD with the amendments, modifications, and deviations.
- 
- a. Substantial Deviation from the 5-Year Plan
  - b. Significant Amendment or Modification to the Annual Plan



### **PHA Progress in meeting the mission and goals described in the 5-year plan.**

The Revere Housing Authority (RHA) has recently undergone a major reorganization in the administration of its public housing as well as its maintenance department. A management consultant, Gilmore Kean, LLC was hired to do a complete assessment of the operation of the RHA. As a result of these actions, many changes have taken place as part of the MOA between HUD and the RHA. These changes will help the RHA meet the goals of the 5-year agency plan.

One goal, to reduce public housing vacancies, has been met; currently we have only two (2) vacancies in our family developments and no vacancies in our elderly development. Our PHAS score, for this current fiscal year should improve as we try to reduce unit turnaround time as well as follow the systems designed for better work order management.

We have also hired a new Section 8 Housing Choice Voucher Program manager who is able to provide mobility counseling to new voucher holders and encourage them to seek housing outside of high crime areas. The RHA is currently working hand-in-hand with the Revere Police Department to improve security throughout the RHA. We are working on a program to install security cameras in our 14-1 development. WE have an officer in residence in our State Veteran's development who tracks crime housing authority-wide. The RHA is also currently seeking to start an FSS program, first for our voucher holders then for our public housing residents. The RHA has a great working relationship with the Federal Resident's Council, who is working to help the RHA reach the goals of the 5-year plan.

## RHA Organizational Structure

